

Personnel Issues & You



UPPS Newsletter 2001-02

February 1, 2001

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Health Insurance Refund Adjustments

In order to adjust 2000 Health Insurance refunds in the 2001 record you must take into consideration the employee's tax code. For example, tax codes 18-20, 18-21, 18-24, and 18-25 subtract FSA and Health Insurance before local taxes are calculated. Therefore, if you are refunding an employee in one of these tax localities, please contact Carol Kelien for assistance in making any adjustment.

Please remember that 2000 refunds must be adjusted on

the POT screens. Do not worry about adjusting employer share, only adjust the employee amount. Attached are sample forms on how to adjust for an ACTIVE employee.

Terminated employees will not receive any future checks for Social Security and Medicare to self-adjust. Therefore, you need to pay both shares on an SAS-27 and request the employee reimburse your agency. This update is different in that we are adjusting taxables and taxes. Also attached are sample forms on how to adjust for a TERMINATED employee.

To further reiterate why these adjustments must be done on POT is because option 7 of the Manual Pay adjustment options will subtract the refund amount from the non-taxable field, voluntary deduction field and year-to-date amount on the "K" screen and these dollars are not in these 2001 fields. //

New Deduction Codes

The following deduction codes are now in effect. Deduction #8 will be for dependent day care. Deduction #7 will be for health care. //

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Conversion of Annual Leave to Sick Leave

Any excess annual leave balances as of January 1, 2001 were converted to sick leave on January 12, 2001 following the December 1-31, 2000 supplemental payroll. This job is available on RDS / Document Direct. If you do not have access to this system, please contact the Personnel Cabinet's Payroll Branch at 502-564-6883. Gail Cooper or Peggy Hatter will then send you a hard copy. When making this request, please refer to the job name of "PERUPPG1 Excess Leave as of 01/01/01". //

New Series I Bonds

All agencies received a letter from Governor Patton announcing the U.S. Savings Bond Drive. Please note that the new I Bond is now available as well as the EE Bond. Agencies will be receiving brochures and the new enrollment form for the Series I Bonds. We ask you to distribute these to your employees.

The procedure for entering these new bonds appears in the September 2000 newsletter and is also in the payroll manual on page 8.65.

An important note to all employees: Remember that the rates on these bonds changes every 6 months. The details of the rates are explained in the brochures. If we have enough interest, Don Spry, from the U.S. Treasury has agreed to come to your area and explain both bonds to the employees. If your agency has a lot of interest please contact Jim Looney via e-mail at Jim.Looney@mail.state.ky.us. //

RDS / Document Direct Reports Available

Attached is a listing of reports that are available via RDS / Document Direct as requested by the Payroll Council. //

Annual Leave Sharing

A new regulation concerning Annual Leave Sharing (101 KAR 2:106) went into effect on January 15, 2001. As a result, the Personnel Cabinet requests all agencies use the attached Annual Leave Donation form. Also attached are the Application for Annual Leave Sharing and the Annual Leave Sharing Memorandum. All of these forms are in the February Personnel and Payroll Manual updates. //

W-2 Information

By now all agencies should have received their W-2s. We would like to take this opportunity to thank the Payroll Branch for working overtime to get the W-2s out in a timely manner with minimal errors. **CONGRATULATIONS ON A JOB WELL DONE.**

Some agencies may have noticed the "other" box on the form showing tax sheltered information. Next year all W-2s for 2001 will show this information. //

Sick Leave Sharing / Donation Forms

Please be advised that the Sick Leave Sharing and Donation forms have been revised as of February 1, 2001 and that current regulations require the use of these revised forms. In addition to being attached to this newsletter, they are included in the February Personnel and Payroll Manual updates and can also be found in the Forms Library on the Personnel Cabinet's web page at <http://kygovnet.state.ky.us/personnel/formlby.htm>

REPORTS AVAILABLE ON RDS / DOCUMENT DIRECT

PERCP164	LEAVE HISTORY
PERDOTJV	J V PROCESS (500,501)
PERDTI2	D.O.T. DEDUCTION FILE
PERFW164	FISH AND WILDLIFE 164 REPORT
PERJVRPT	JV PROCESS (500, 501)
PERJV153	EXPANDED 153 REPORT
PERPAYA	203'S; POT; POPY, PTL AND SPECIALS
PERPAYB	P-1 EDITS, CREDIT UNION, BONDS
PERPAYC	PERPAYC (203 DATA) AFTER SUPPS
PERPAYD	PERPAYD ALL P-1 DATA EFF W/ PAYPD PROC IN UPCOMING PAYROLL
PERPAYW2	W2 REPORT
PERPAY1	MANUAL PAY EDITS OR SPECIAL RNS
PERPAY1W	MANUAL PAY FOR W2
PERPAY2	PAYROLL REPORTS
PERPAY2A	AMR8-PAYROLL REPORTS
PERPAY2D	DOT & CFC & CHS PAYROLL REPORTS
PERPAY2S	SUPPLEMENTAL PAYROLL REPORTS
PERPTLA4	REPORT PO32 PTL EXTRACT
PERQEH	PAYMENT HISTORY
PERQEHSS	PERQEH QUARTERLY EMPLOYEE HISTORY FILE FOR SSA
PERSTPL3	GRANT REPORT FOR STATE POLICE
PERSU153	PERSU153 - EXPANDED LAB IN SUPP
PERTP05	EMPLOYEE TURNOVER (DOP only)
PERTP12	EMPLOYEE TURNOVER PERCENTAGE (DOP Only)
PERUPPAN	P118 YEAR TO DATE BLOCK 50 REPORT
PERUPPAV	YTD BLOCK 50 REPORT
PERUPPA6	P006 EMPLOYEES WHO DID NOT ACCRUE LEAVE
PERUPPA7	PAYROLL DISBURSEMENT TOTALS
PERUPPCI	KY TRANSPORTATION CABINET PAYROLL TAX INFORMATION (Transportation only)
PERUPPDQ	Adverse Weather Worklist
PERUPPE5	PAYROLL DISBURSEMENT
PERUPPF7	P082 STATEWIDE OVERTIME LISTING
PERUPPG1	EXCESS LEAVE
PERUPPH1	P081 EMPLOYEES NOT CODED FOR RETIREMENT
PERUPPH3	P003 COMP TIME OVER 200 HOURS
PERUPPIA	DEDUCTION SUMMARY, RUN EACH PAY PERIOD (USED BY DOP ONLY)
PERUPPIB	DEDUCTION LISTING FOR INSURANCE COMPANIES REGULAR PAYROLL (DOP)
PERUPPID	DEDUCTION LISTING FOR INSURANCE COMPANIES SUPPLEMENTAL (DOP)
PERUPPI1	EMPLOYEE DEDUCTION LIST FOR P1&N/P1 PAY
PERUPPK8	EMPLOYEES NOT CODED FOR HEALTH INSURANCE
PERUPPL3	P021 EMPLOYEES WHO RECIEVE BLOCK 50'S
PERUPPL5	LEAVE BALANCE FOR TERMINATED EMPLOYEES
PERUPPM1	EMPLOYEES NOT HAVING STATE PAID LIFE INS.
PERUPPQ1	MARS MASTER EDIT
PERUPPQ8	TIME AND LABOR EDIT
PERUPPR7	REPT P115 EXPANDED LABOR
PERUPPT5	Q E H BY ORGANIZATION
PERUPPZ0	GARNISHMENT WORK SHEET
PER20WFC	EMPLOYEE MASTERS - SELECT CABINETS KEEP THE DETAIL PAY INFO
PER20WFI	EMPLOYEE MASTERS - SELECT CABINETS KEEP THE DETAIL PAY INFO
PER20WHS	EMPLOYEE MASTERS - SELECT CABINETS KEEP THE DETAIL PAY INFO
PER20WSP	EMPLOYEE MASTERS - SELECT CABINETS KEEP THE DETAIL PAY INFO
PER20WTC	EMPLOYEE MASTERS - SELECT CABINETS KEEP THE DETAIL PAY INFO
PER20WWD	EMPLOYEE MASTERS - SELECT CABINETS KEEP THE DETAIL PAY INFO
PER4203	WEEKLY APPOINTMENT & SEPARATIONS (DOP Only)
PEUPP156	FISCAL YEAR END LEAVE REPORT

ANNUAL LEAVE DONATION FORM

Name of Donor: _____

Department: _____

Social Security Number: _____

Amount of Donation to be credit to Recipient: _____
 (Eligible Employee shall not receive more than 20 working days. Minimum employee may donate is 7.5 hours.)

Name of Recipient: _____

Department:: _____

Social Security Number: _____

I hereby certify that this donation is given without expectation or promise for any purpose other than that authorized by 101 KAR 2:106.

 Signature of Donor Date

This is to certify that the employee named above has a sufficient annual leave balance to donate the hours indicated under the provisions of 101 KAR 2:106.

 Signature of Appointing Authority Date

The Donor's Payroll Officer must forward one copy of this form to the Recipient's payroll Officer and one copy to the Personnel Cabinet, Files Branch, Room 531, 5th Floor, 200 Fair Oaks Lane, Frankfort, Kentucky 40601.

TO BE COMPLETED BY DONOR'S PAYROLL OFFICER UPON RECEIPT

Company Number: _____ **Department Name:** _____

PAYROLL OFFICER Date _____

TO BE COMPLETED BY RECIPIENT'S PAYROLL OFFICER

Recipient's current annual leave balance: _____ + _____ = _____ Recipient's New Annual Leave Balance

Company Number: _____ **Department Name:** _____

PAYROLL OFFICER Date _____

APPLICATION FOR ANNUAL LEAVE SHARING

- ☐ ORIGINAL REQUEST
☐ AMENDED REQUEST

Name of Recipient: _____

Department: _____

Social Security Number: _____

Amount of Annual Leave Needed: _____

Please provide a reason transferred leave is needed, including a brief description of cause, property lost, and anticipated duration of the leave needed. (If this is an amended request, provide reason for extension.)

Signature of Recipient or Representative Date

Signature of Supervisor Date Received

The above named employee has been approved to receive donated annual leave in accordance with the provisions of K.R.S. 18A.203 and 101KAR 2:106.

Signature of Appointing Authority Date

The Recipient’s Appointing Authority must forward one copy of this form to the Personnel Cabinet, Processing Branch, Room 531, 5th Floor, 200 Fair Oaks Lane, Frankfort, Kentucky 40601.

MEMORANDUM

TO:

FROM:

SUBJECT: Memo Concerning Donated Annual Leave / Return of Unused Donated Annual Leave

DATE:

Annual Leave Donation

This is to certify that _____ hours of annual leave donated by _____			
(name)			
(ss#)	(company #)	(agency name)	(phone)
were transferred to _____			
(name)		(ss#)	
(company #)	(agency name)	(phone)	
Please reduce the donor's annual leave balance accordingly.			

Return of Unused Donated Annual Leave

This is to certify that _____ hours of annual leave donated by _____			
(name)			
(ss#)	(company #)	(agency name)	(phone)
were unused by _____			
(name)		(ss#)	
(company #)	(agency name)	(phone)	
Please credit the employee annual leave balance accordingly.			

Recipient's Payroll Officer's Name: _____

Payroll Officer's Phone #: _____

Company # _____ Agency Name _____ Phone _____

APPLICATION FOR SICK LEAVE SHARING

- ☐ ORIGINAL REQUEST
☐ AMENDED REQUEST

Name of Recipient: _____

Department: _____

Social Security Number: _____

Amount of Sick Leave Needed: _____

Please provide a reason transferred leave is needed, including a brief description of the nature, severity, and anticipated duration of the medical emergency. (If this is an amended request, provide reason for extension.)

Please attach certification by one or more physicians of the medical reason that employee will be unable to perform the duties and responsibilities of his/her position for ten (10) or more consecutive working days or the reason for extension, if an amended request.

Signature of Recipient or Representative	Date
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Signature of Supervisor	Date Received
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The above named employee has been approved to receive donated sick leave in accordance with the provisions of KRS 18A.197.

Signature of Appointing Authority	Date
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The Recipient's Appointing Authority must forward one copy of this form (without attached medical statement) to the Personnel Cabinet, Processing Branch, Room 531, 5th Floor, 200 Fair Oaks Lane, Frankfort, Kentucky 40601.

SICK LEAVE DONATION FORM

Name of Donor: _____

Department: _____

Social Security Number: _____

Amount of Donation to be credited to Recipient: _____

(Employee must have 75 hours remaining after donation. Minimum amount employee may donate is 7.5 hours.)

Name of Recipient: _____

Department: _____

Social Security Number: _____

I hereby certify that this donation is given without expectation or promise for any purpose other than that authorized by KRS 18A.197.

Signature of Donor_____
Date

This is to certify that the employee named above has a sufficient sick leave balance to donate the hours indicated under the provisions of KRS 18A.197.

Signature of Appointing Authority_____
Date

The Donor's Payroll Officer must forward one copy of this form to the Recipient's Payroll Officer and one copy to the Personnel Cabinet, Files Branch, Room 531, 5th Floor, 200 Fair Oaks Lane, Frankfort, Kentucky 40601.

TO BE COMPLETED BY DONOR'S PAYROLL OFFICER UPON RECEIPT

Company Number: _____ Department Name: _____

PAYROLL OFFICER

Date _____

TO BE COMPLETED BY RECIPIENT'S PAYROLL OFFICERRecipient's current sick leave balance: _____ + _____ donation = _____ **Recipient's New Sick Leave Balance**

Company Number: _____ Department Name: _____

PAYROLL OFFICER

Date _____

PERSONNEL CABINET
MASTER FILE ACCUMULATIONS 1

PEPOT018
01/26/2000 08:11:40

COMPANY:

EMPLOYEE NO. 0

ACTIVE EMPLOYEE
1 OF 2

300 TRANSACTION

SELECT ONE (Y, Q): Y (Y/Q INDICATOR FOR THIS TRANSACTION ONLY) TOTAL
I REG PAY I OT PAY I OT PAY2 I SHIFT2 I SHIFT3 I NET PAY I VOL DED
- - - - - + REFUND AMT - - - - -

320 TRANSACTION

GROSS PAY		FIT TXBLE		SIT TXBLE		LOCAL TXBLE	
I	YTD	I	YTD	I	YTD	I	YTD
-	-	+ REFUND AMT	-	+ REFUND AMT	-	-	-

325 TRANSACTION

SOCIAL SECURITY		TOTAL FICA		MEDICARE	
I	TXBLE YTD (EE)	I	TXBLE YTD (ER)	I	TXBL YTD (EE)
+ REFUND AMT	-	+ REFUND AMT	-	+ REFUND AMT	-

EXTRACT (Y = EXTRACT): Y
053 RECORD READY FOR UPDATE

PF1=MENU PF3=END ENTER=PROCEED

MODE=ADD

PERSONNEL CABINET
TAX FILE ACCUMULATIONS 2

PEPOT034

01/26/2000 08:12:43

COMPANY:

EMPLOYEE NO: 0

STATE CODE: 18

LOCAL CODE: 13

ACTIVE EMPLOYEE
2 OF 2

TRANSACTION 365/370:

SELECT ONE (Y OR Q): Y

FIT	SIT	LOCAL	SOC SEC	TOTAL
I TAXABLE	I TAXABLE	I TAXABLE	TAXABLE	FICA
			(EE)	I TAXABLE
+ <u>REFUND AMT</u>	+ <u>REFUND AMT</u>	- _____	+ <u>REFUND AMT</u>	+ <u>REFUND AMT</u>

EXTRACT (Y = EXTRACT): Y

053 RECORD READY FOR UPDATE

PF1=MENU PF3=END ENTER=PROCEED

MODE: ADD

COMPANY:

EMPLOYEE NO. 0

TERMINATED EMPLOYEE
1 OF 4

300 TRANSACTION

SELECT ONE (Y, Q): Y (Y/Q INDICATOR FOR THIS TRANSACTION ONLY) TOTAL
I REG PAY I OT PAY I OT PAY2 I SHIFT2 I SHIFT3 I NET PAY I VOL DED
- - - - - † REFUND AMT - - - - -

320 TRANSACTION

GROSS PAY		FIT TXBLE		SIT TXBLE		LOCAL TXBLE	
I	YTD	I	YTD	I	YTD	I	YTD
-	-	<u>† REFUND AMT</u>	-	<u>† REFUND AMT</u>	-	-	-

325 TRANSACTION

SOCIAL SECURITY		TOTAL FICA		MEDICARE	
I	TXBLE YTD (EE)	I	TXBLE YTD (ER)	I	TXBL YTD (EE)
<u>†</u>	<u>REFUND AMT</u>	<u>†</u>	<u>REFUND AMT</u>	<u>†</u>	<u>REFUND AMT</u>

EXTRACT (Y = EXTRACT): Y
053 RECORD READY FOR UPDATE

PF1=MENU PF3=END ENTER=PROCEED

MODE=ADD

COMPANY:

EMPLOYEE NO: 0

*TERMINATED EMPLOYEE
2 OF 4*

330 TRANSACTION: (ALL FIELDS YTD)

		SOC SEC			SIT			LOCAL			TOTAL			MEDICARE
											FICA			W/H
I	FIT WH	I	W/H (EE)	I	W/H	I	W/H	I	W/H (ER)	I	W/H (EE)			
		<i>+ SOCIAL SECURITY TAXES</i>								<i>+ SOCIAL SECURITY PLUS MEDICARE TAXES</i>				<i>+ MEDICARE TAXES</i>

335 TRANSACTION: (ALL FIELDS YTD)

DED NO	IND	DED AMT	DED NO	IND	DED AMT	DED NO	IN	DED AMT
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—

EXTRACT (Y = EXTRACT): *Y*

053 RECORD READY FOR UPDATE

PF1=MENU PF3=END ENTER=PROCEED

MODE: ADD

PERSONNEL CABINET
TAX FILE ACCUMULATIONS 1

PEPOT030
01/26/2000 08:12:30

COMPANY:

EMPLOYEE NO: 0

TERMINATED EMPLOYEE
3 OF 4

STATE CODE: 18

LOCAL CODE: 13

TRANSACTION 355:

	GROSS PAY		GROSS PAY
I	QTD	I	YTD
—	_____	—	_____

TRANSACTION 356:

	FIT NON-TXBLE
I	YTD
—	_____

TRANSACTION 357/360:

SELECT ONE (Y OR Q): Y

	SOC SEC	SIT	LOCAL	TOTAL FICA	
I	W/H (EE)	I	W/H	I	W/H (ER)
—	_____	—	_____	—	_____
	<u>+</u> SOCIAL SECURITY TAXES			<u>+</u> SOCIAL SECURITY TAXES	
					<u>+</u> PLUS MEDICARE TAXES

EXTRACT (Y = EXTRACT): Y

053 RECORD READY FOR UPDATE

PF1=MENU PF3=END ENTER=PROCEED

MODE: ADD

COMPANY:

EMPLOYEE NO: 0

TERMINATED EMPLOYEE
4 OF 4

STATE CODE: 18

LOCAL CODE: 13

TRANSACTION 365/370:

SELECT ONE (Y OR Q): Y

FIT	SIT	LOCAL	SOC SEC	TOTAL
TAXABLE	TAXABLE	TAXABLE	TAXABLE	FICA
I	I	I	I	I
(EE)				TAXABLE
+ REFUND AMT	+ REFUND AMT	+ REFUND AMT	+ REFUND AMT	+ REFUND AMT

EXTRACT (Y = EXTRACT): Y

053 RECORD READY FOR UPDATE

PF1=MENU PF3=END ENTER=PROCEED

MODE: ADD